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A systematic mapping review of outdoor activities and mobility in care homes

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Background: Care home residents should be offered opportunities to participate in meaningful activities in an environment of their choice (National Institute for Health and Care Excellence, 2013). Whilst outdoor activities and mobility are believed to have health-related benefits, UK best practice recommendations are based on expert consensus. This research aimed to map the literature in this field and identify gaps in the evidence base.

Methods: A systematic mapping review was conducted. The following databases were searched from inception to March 2015: Medline; CINAHL; Embase; Cochrane Library; PsycINFO; ASSIA and SCIE Social Care Online. Articles were categorised using keywords including: year and country of publication; method; participants; setting; outdoor location; type and frequency of outdoor activity; barriers to outdoor activities/mobility and health-related benefits.

Results: 1066 abstracts were identified and 39 articles were included in the review. The majority were published after 2004 (30) and from the United States (18). Studies were: descriptive (19); randomised controlled trials (9); quasi-experimental (6); pre-post non-experimental (4) and prospective cohort (1), with a total of 2974 resident participants. 11 different descriptors were used for the care home setting; 'nursing home' appeared the most times (19). The care home garden was the most frequent outdoor study location (28). The most common evaluation targets were: behaviour, sleep, quality of life and mood. Most descriptive studies (13) focused on implications for environment/outdoor design, rather than rehabilitation. The most frequent outdoor activities were: walking (14); socialising (11) and observing surroundings (11). Co-produced research with residents occurred in only 1 study. Barriers to outdoor activities and mobility included weather, access and lack of staff time. Benefits to aspects of the physical health, mental well-being and/or occupational functioning of residents were reported in the majority of publications, but results/findings were interpreted with variable caution.

Conclusion: This review is the first to systematically collate data on outdoor activities and mobility in care homes and represents an important resource for service providers and those planning future studies. There is a lack of robust evidence in this field and the role of outdoor activities and mobility in improving the health, well-being and quality of life of residents remains unclear. There is a need for allied health professionals, nurses and social care practitioners to instigate further research and for studies to incorporate the involvement and views of residents, relatives/carers and care home staff.